

## CALCULATION OF REIMBURSEMENT

PROVIDER NO: 0

PERIOD:

FROM  
TO1/0/1900  
1/0/1900SUPPLEMENTAL  
WORKSHEET E-3  
PART III  
PAGE 12SETTLEMENT 0

IN LIEU OF HCFA 2552 92 (11/92) E-3

## TITLE XIX

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

TITLE V	TITLE XVIII	TITLE XIX	PPS	X
HOSPITAL	SNF		TEFRA	
SUBPROV I	ICF		OTHER	
SUBPROV II				

	TITLE XIX INPATIENT 1	TITLE XIX OUTPATIENT 2
COMPUTATION OF NET COST OF COVERED SERVICES		
1. Inpatient hospital/SNF/ICF services	0	
2. Medical and other services (EXCLUDES LAB)		0
3. Interns and residents	0	0
4. Organ acquisition (Certified transplant centers only)		
5. Cost of teaching physicians		
5A. KMAP-8	0	0
6. Subtotal (Sum of Lines 1 through 5A)	0	0
6A. KMAP-1	0	0
6B. Subtotal (Line 6 minus Line 6A)	0	0
7. Inpatient primary payer payments		
8. Outpatient primary payer payments		
9. Differential in charges between semiprivate accommodations and less than semiprivate accommodations		
10. Subtotal (Line 6B> less sum of lines 7 and 8 and 9)	0	0
COMPUTATION OF LESSER OF COST OR CHARGES		
11. Return on equity capital (See Instructions)		
12. Total reasonable cost (See Instructions) (OUTPATIENT EXCLUDES LAB)	0	0
REASONABLE CHARGES		
13. Routine service charges	0	
14. Ancillary service charges (OUTPATIENT EXCLUDES LAB)	0	0
15. Interns and residents service charges		
16. Organ acquisition charges, net of revenue		
17. Teaching physicians		
18. Incentive from target amount computation		
19. Differential in charges between semiprivate accommodations and less than semiprivate accommodations		
20. Total reasonable charges (OUTPATIENT EXCLUDES LAB)	0	0
CUSTOMARY CHARGES		
21. Amount that would have been realized from patients liable for payment for services on a charge basis		
22. Amounts that would have been realized from patients liable for payment for services on a charge basis had such payment been made in accordance with 42 CFR 413.13 (e)		
23. Ratio of line 21 to line 22 (not to exceed 1.000000)		
24. Total customary charges (See instructions)		
25. Excess of customary charges over reasonable cost (Complete only if line 24 exceeds line 12) (See Instructions)		
26. Excess of reasonable cost over customary charges (Complete only if line 12 exceeds line 24)(See Instructions)		
27. Cost of covered services Lesser of Line 12 + Line 45 or Line 20 + PC Charges		0
PROSPECTIVE PAYMENT AMOUNT (SEE INSTRUCTIONS)		
28. Other than outlier payments		
29. Outlier payments		
30. Program Capital Payments		
31. Capital Exception Payments		
32. Routine service pass through costs		
33. Ancillary service pass through costs		
34. Return on equity capital (PPS only)		
35. SUBTOTAL (Sum of Lines 28 through 34)		
36. Customary charges (Title XIX PPS covered services only)		
37. Lesser of line 35 or 36		
38. Deductibles (Exclude professional component)		

IN LIEU OF HCFA-2552-92-E-3(11/92)